

Minutes
Traumatic Brain Injury Advisory Council
Dorothea Dix Campus, Kirby Building
Raleigh, North Carolina
January 11, 2005

Members Present

Sandra Farmer	Robert Gauldin	Ila Nofzinger
Martin Foil	Marilyn Lash	Sharon Rhyne
David Forsythe	David Mills	Holly Riddle
Betty Gardner	Brenda Motsinger	Jack St. Clair

Members Absent

David Atkinson	Stephen Hooper	Robert Seligson/sent rep.
Spencer Clark	Layla Mabe	Jamesa Selleck
Lynn Freeman	Charles Monnett, III	Elsie Siebelink
David Good	Patrick O'Brien	Steven Strobel
Tonia Harrison	Jo Perkins/sent rep.	Dennis Turner
Al Hart	Carol Robertson/sent rep.	

Others Present

Beth Callahan	Deborah Melton/DMA rep.	Jim Swain/DVS rep
Amy Jo Horne/NCMS rep.	Bud Nofzinger	Jessica Trembly

The meeting was called to order by Chairperson Sharon Rhyne at 10:10 a.m.

Welcome and Announcements:

Ms. Rhyne welcomed Ms. Marilyn Lash to the Advisory Council. Ms. Lash is replacing Ms. Debbie Leonhardt as Chair of the Board of the Brain Injury Association. Ms. Rhyne also welcomed guests Debbie Melton with Division of Medical Assistance and Amy Jo Horne from the NC Medical Society.

Ms. Rhyne passed around sign-up sheets for the council's committees. She asked members to indicate their committee interests.

Ms. Rhyne announced that Dr. David Good, an appointee of the President ProTempore of the Senate who is affiliated with North Carolina Baptist's J. Paul Sticht Rehabilitation Center in Winston-Salem, has resigned from the council due to acceptance of a job out-of-state. This vacancy needs to be filled. Also, Dr. Turner has indicated he will be unable to attend the Council's day meetings; therefore we need to ask him how he would like us to proceed, with the understanding his council position may need to be filled. His replacement would represent Veteran Affairs.

Ms. Rhyne then asked council members to suggest replacements for the vacant positions. The suggestions for the Veterans Affairs position were as follows: Rick Bedlack, MD, neurologist with the VA Hospital in Durham, suggested by the NC Brain Injury Association or Fred Brown, a neuro-psychologist at Womack Army Hospital in Fayetteville who was an initial recommendation. For Dr. Good's position, Frank Wood or someone from his practice was suggested, as was Dr. Good's replacement at Stitch Rehabilitation. Ms. Rhyne asked that any other suggestions be emailed to her for consideration.

Ms. Rhyne informed the Council that scheduling conflicts for one or two other individuals may also prevent their attendance at meetings. Council members suggested that any future replacements might be from a geographic area that is not currently represented on the Council. Ms. Motsinger added that there might be better geographic representation if the Council held its meetings in varying regions of the state. Mr. Mills further suggested that new members of the Council be more ethnically diverse than its current members. Ms. Rhyne indicated that all suggestions would be taken into consideration and final recommendations would be forwarded to the appropriate individuals for final approval.

Review and Approval of Minutes:

The minutes from the council meeting of November 16, 2004 were reviewed but could not be approved as written, due to the lack of a quorum.

Definition of Brain Injury:

Ms. Callahan provided brief background information on the brain injury definition as discussed at the last council meeting. The Definition Committee chose to use a version of the state of Montana's brain injury definition. The Council then began looking at the Brain Injury Association of America's definition. The draft definition listed in the November 16, 2004 minutes was developed based on the two definitions.

Mr. St. Clair suggested the following definition:

Acquired Brain Injury is an injury to the brain at any point across the life span that is caused by (1) an external physical force (e.g., motor vehicle crashes, a fall, an assault, a sports injury, or recreational or work related incident), or (2) an internal event secondary to disease (e.g., benign or malignant tumor, meningitis, encephalitis), cerebral vascular incident (e.g., stroke, aneurysm, or arteriovenous malformations), or anoxia/hypoxia/ischemia events (e.g., anoxic brain injury caused by near drowning, kidney or heart failure, chemical exposure, or electric shock). Acquired Brain Injury as defined will produce diminished or altered state of consciousness that results in a temporary or permanent impairment of cognitive abilities, physical functions, behavioral and emotional functioning, or vocational functioning.

Ms. Callahan indicated that if the Council were to make a recommended change in legislation, the Council's recommendation would be to change the definition of Developmental Disabilities (DD), which is where services and/or funds come into play after age 22. Individuals who develop brain injuries before age 22 usually meet the functional limitations criteria for services within the current Developmental Disabilities definition.

Ms. Lash asked if the council wanted to include individuals with acquired brain injuries, and, if so, the definition should be more specific. Ms. Callahan added that this definition is too much for a recommended change in the statute. She added that the definition should contain both the terms "traumatic" and "acquired". Mr. Mills stated that the proposed definition is broader than that of the public school system and, in his opinion, needs to be clearer. Ms. Lash agreed that the definition should be very specific. Ms. Motsinger suggested that the Council concentrate on getting a shorter and broader definition of brain injury into legislation and then insert the specifics into the Administrative Rules. Ms. Horne stated that a definition this broad will be difficult to get approved by the legislature. Therefore, the council may need to write the definition and rules together.

Ms. Callahan suggested that the council review the DD definition. The suggestion was made to replace the phrase "traumatic head injury" in the DD definition with "acquired brain injury". Ms. Callahan noted that this would mean a change in the General Statute which would probably necessitate a change in the accompanying rules. In order to accomplish this, the Council would need to make a recommendation to the Legislature.

Motion: A motion was made by Mr. St. Clair, seconded by Mr. Forsythe, that the council recommend to the Legislature an altered Developmental Disability definition (State Plan page 10) by replacing the phrase "traumatic head injury" with "acquired brain injury". The change would read as follows:

A developmental disability...is manifested before the person attains age 22, unless the disability is caused by an *acquired brain injury* and is manifested after age 22.

The motion was accepted unanimously by those present. However, in the absence of a quorum, Ms. Rhyne will contact members who were absent and ask for their votes. Three more votes are needed.

Ms. Lash suggested that further changes be made to the proposed definition. She suggested the following:

Acquired Brain Injury is an injury or insult to the brain caused by (1) an external physical force or trauma (e.g. motor vehicle incident, falls, etc.) or (2) an internal event secondary to disease or infection or CVA or anoxia.

Other possible definitions were proposed by council members such as the following:

1. Acquired Brain Injury is a trauma or insult to the brain caused by (1) an external physical force including any exposure to thermal, mechanical, electrical, or chemical energy, or absence of essentials such as heat or oxygen.
and
2. An internal event secondary to disease or infection, or cerebral vascular accident, anoxia, hypoxia, or ischemic events.

Motion: A motion was made by Ms. Motsinger and seconded by Mr. St. Clair, that the council accept the above definition as written.

The motion was accepted unanimously by those present. However, in the absence of a quorum, Ms. Rhyne will contact members who were absent and ask for their votes. Three more votes are needed.

Review of Council Bylaws:

Mr. St. Clair questioned whether council members should sign something regarding conflict of interest. Ms. Rhyne stated that she and the staff will investigate.

After some discussion regarding council member representatives' voting privileges, consensus was reached that only council members should vote. If members are not present at a meeting, they will be notified of any pending motions within 10 working days. Then the members may contact the chair, currently Ms. Rhyne, with their votes. These procedures should be reflected in the proposed bylaws.

Mr. Mills suggested that the Chair of the council fill all officer vacancies. The group agreed, except they decided the Vice Chair should be elected by the council. Also, Ms. Motsinger questioned whether the council chair will always be selected by the Secretary of DHHS or if the council members may elect a new chair each term. Ms. Rhyne asked the staff to look into this for the next meeting.

Ms. Rhyne stated that she and the staff will meet to finalize the bylaws with the council's suggestions. Her goal is to get the revised bylaws to council members well before the March meeting.

Old Business:

Ms. Callahan reported that the Division of MH/ DD/SAS has reviewed the proposed State Plan. The Division's feedback included the following: concern over the origin of additionally needed funding; the need for more buy-in from other divisions and departments that will be vital to making the plan operational; and wording that may be too strong in some sections. Ms. Callahan stated she would like to address these issues at a later date and possibly form a committee to resolve them.

Ms. Rhyne stated that the State Plan needs to be reviewed more closely by the council to improve the odds for support of the plan once changes have been made. Mr. Forsythe suggested that the council solicit initial input on the plan from the divisions while a

committee is reviewing the document. Once changes have been made, then the council will formally present the plan to the divisions. After receiving input from the divisions and making the appropriate changes, the council will vote to accept or reject the plan.

After brief discussion of the council's committees, Ms. Rhyne stated that she and Ms. Callahan will select a chair for each committee. The committees may recruit individuals outside of the council to serve on the committees.

New Business:

Ms. Callahan stated that the council is charged with a prevention task and she would like to address this at the next meeting. She would also like to discuss how the prevention task relates to Public Health's current activities.

There was discussion about holding the March meeting at Moses Cone in Greensboro. However, due to anticipated travel restrictions for state employees, the group agreed the next meeting should be held in Raleigh on March 15, 2005.

Therefore, future meeting dates are: March 15, 2005; June 14, 2005; and September 13, 2005.

Ms. Callahan reported that Mr. Staples is working on the process for directing the council's recommendations. If approved, the DD definition might be submitted to this legislative session.

The meeting was adjourned at 2:05 p.m.